

INSPECTION & ACCEPTANCE REPORT

VISAYAS STATE UNIVERSITY

Agency

Supplier: Gateway Five Computer Shop; J & F; Jamels Cellshop; Alientech Digital Sc AR No. _____
 PO No. _____ Date _____ Invoice No.: 23088; Date: _____
 Requisitioning Office/Dept.: ISRDS 031297, '1765; 43495; 14541; 12302 ;25, May 4, 2022
 00001410

Stock No.	Unit	Description	Quantity
	pc	Automatic voltage regu	1
	pcs	Waste can with cover	3
	pc	Doormat Hitop trash can	1
	pcs	Doormat 38 x 58	3
	pc	Talk & text load	1
	pc	Talk & text load	1
	unit	Computer service charge	1
	pc	Sony smartphones	1
	pcs	Load card, SMART	2
		X-X-X-X-X-X-X	

INSPECTION

Date Inspected: _____

☐ Inspected, verified and found OK
as to quality and specifications

MA.FE A. BASLAN

Inspection Officer/Inspection Committee

ACCEPTANCE

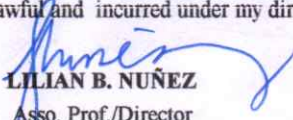
Date Received: _____

☐ Complete

☒ Partial

SALOMA B. GISULGA

End-user

VISAYAS STATE UNIVERSITY Entity Name		Fund Cluster : 101 Trust(20401010-105) Date : May 2, 2023 DV No. :	
DISBURSEMENT VOUCHER			
Mode of Payment	<input type="checkbox"/> MDS Check <input type="checkbox"/> Commercial Check <input type="checkbox"/> ADA <input type="checkbox"/> Others (Please specify)		
Payee	Saloma B. Gisulga	TIN/Employee No.:	ORS/BURS No.:
Address	Visayas State University, Visca, Baybay City, Leyte		
Particulars		Responsibility Center	MFO/PAP
To. REPLENISHMENT for the purchase of supplies for office use as per supporting papers hereto attached in the amount of		ISRDS	50203010 00
Amount Due			2,192.00
A. Certified: Expenses/Cash Advance necessary, lawful and incurred under my direct supervision. <div style="text-align: center;">  LILIAN B. NUÑEZ Asso. Prof./Director Printed Name, Designation and Signature of Supervisor </div>			
B. Accounting Entry:			
Account Title		UACS Code	Debit
C. Certified:		D. Approved for Payment	
<input type="checkbox"/> Cash available <input type="checkbox"/> Subject to Authority to Debit Account (when applicable) <input type="checkbox"/> Supporting documents complete and amount claimed proper			
Signature		Signature	
Printed Name	NICK FREDDY R. BELLO	Printed Name	EDGARDO E. TULIN
Position	Accountant II Head, Accounting Unit/Authorized Representative	Position	President Agency Head/Authorized Representative
Date		Date	
E. Receipt of Payment			JEV No.
Check/ ADA No. :		Date :	Bank Name & Account Number:
Signature :	SBGISULGA	Date :	Printed Name:
Official Receipt No. & Date/Other Documents			Date